Late Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER JOBSPAC, A BI-PARTISAN COALITION OF CALIFORNIA EMPLOYERS					Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER I.D. NUMBER 911819		MBER (if applicable)		Report No		Page 1 of 3		For Official Use Only		
STREET ADDRESS		,			to Repo	endment ort No	rage 1 of 3			
CITY STATE ZIP CODE MILL VALLEY CA 94941			No. of Pages3							
1. List Only One Ca	andidate or Ballot Meas	ure		•				·		
NAME OF CANDIDATE MIKE GORDON	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR	E SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR E State Assembly Person			SUPPORT	OPPOSE X		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
2. Independent Exp	oenditures Made Attac	ch additional infor	mation on app	ropriately lab	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	OF EXPEND	ITURE			AMOUNT	
10/26/2004	CONSULTING							\$375.00		
10/26/2004	MAILER							\$9,755.07		
10/26/2004	CONSULTING							\$375.00		
10/26/2004	CONSULTING							\$375.00		
10/26/2004	CONSULTING							\$375.00		

Reason for Amendment:
AMENDMENT TO DISCLOSE ACTUAL COST OF MAILER

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

Late Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

								LATEINL	EPENDENT EX	PENDITUR	EKEPUKI
NAME OF FILER JOBSPAC, A BI-PARTISAN COALITION OF CALIFORNIA EMPLOYERS					Date of This Filing01/24/2005			Date Stamp	CALIFO		496
		I.D. NUM 911819	I.D. NUMBER (if applicable) 911819		Report NoG04-1208					For Official Use Only	
STREET ADDRESS		<u> </u>			■ Amend	No	001	Page 2 of 3			
CITY MILL VALLEY		STATE CA				(explain below) No. of Pages3					
1. List Only One C	andidate or Ballot Meas	ure		<u>'</u>					•		
NAME OF CANDIDAT MIKE GORDON	E SUPPORTED OR OPPOSED				1	NAME OF	BALLOT MEASU	IRE SUPPORTED OR OPPOSE	D		
OFFICE SOUGHT OR State Assembly Perso			SUPPORT	OPPOSE X		BALLOT N	O./LETTER	JURISDICTION		SUPPORT	OPPOSE
2. Independent Ex	penditures Made Atta	ach additional info	ormation on app	ropriately lab	eled continuat	tion sheet	s.				
DATE			DE	SCRIPTION C	F EXPENDITU	JRE				AMOUNT	-
10/26/2004	MAILER								\$16,614.4	5	
10/26/2004	RESEARCH								\$1,000.00	1	
10/26/2004	CONSULTING								\$500.00		

Reason for Amendment:

AMENDMENT TO DISCLOSE ACTUAL COST OF MAILER

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

Late Independent Expenditure Report

CALIFORNIA FORM

NAME OF FILER	I.D. NUMBER (If applicable)

3. Contributions of \$100 or More Received*								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any			
		IND COM OTH PTY SCC			If loan, enter interest rate, if any			

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC